

OTHER PENDING CASE(S) _____

State of Rhode Island and Providence Plantations

PROVIDENCE, SC.

WORKER'S COMPENSATION
COURT

Name of Employer - Petitioner
V

Name of Employee - Respondent

Social Security Number

Address of Employee

Insurance Carrier

W.C.C. NO.

Employer's Petition to Review Agreement or Decree Concerning Compensation

The undersigned EMPLOYER hereby petitions for a determination of its rights under a compensation agreement or decree of the Workers' Compensation Court. **A TRUE COPY OF SAID AGREEMENT OR DECREE IS FILED HERewith.** In support of this petition, the employer affirms that the employer or its counsel has fully complied with all outstanding agreements and orders to date.

Check All Appropriate Allegations

- ☐
1. The employee has returned to work at an average weekly wage equal to or in excess of that which he/she was earning at the time of his/her injury. A wage transcript in support of this allegation is attached.
- ☐
2. The employee's incapacity for work has ended.
- ☐
3. The employee is able to return to light selected work.
- ☐
4. The employee has reached maximum medical improvement.
- ☐
5. The employee seeks a reduction in the employee's weekly benefits pursuant to R.I.G.L. § 28-33-18(b).
- ☐
6. The employee obstructed or refused to submit to a medical examination as provided for in General Laws, 1956, Chapters 29 to 38 inclusive.
- ☐
7. The employee's weekly compensation payments have been based upon an erroneous average weekly wage. The average weekly wage at the time of injury was \$_____.
- ☐
8. The employee is subject to reduction in benefits pursuant to R.I.G.L. § 28-33-18(c).
- ☐
9. The employer requests an Anniversary Review pursuant to R.I.G.L. § 28-33-46 and the W.C.C. Rules of Practice.
- ☐
10. The employer requests that the employee submit to a Rehabilitation Program Review pursuant to R.I.G.L. § 28-33-41 and the W.C.C. Rules of Practice.
- ☐
11. Other reason for review (please specify).

Name, Address and Bar Registration Number of
Attorney for Employer

Employer

Employer's Address

Date

File original and Employee's copy with the Workers' Compensation Court, J. Joseph Garrahy Judicial Complex, One Dorrance Plaza, Providence, R.I. 02903-3973. Attach two (2) copies of the memorandum of agreement or decree fixing compensation. If the original agreement or decree has been modified, attach copies of the latest modification.